

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO. 10/600395  
APPLICANT(S)

FILED DATE

CLAIMS					
AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
IND	DEP	IND	DEP	IND	DEP
1	1	1	1		
2			1		
3			2		
4	1	1			
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TOTAL IND.		TOTAL DEP.		TOTAL CLAIMS	
2	16	2	14		
16	16	16	16		

  

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TOTAL IND.		TOTAL DEP.		TOTAL CLAIMS	